

400730

MARGIN RESERVED FOR BINDING
N. B.—WRITE PLAINLY, WITH UNFADING INK.—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PLACE OF DEATH				ARIZONA STATE BOARD OF HEALTH			
1. County <u>Graham</u>		BUREAU OF VITAL STATISTICS		State Index - - - - - No. <u>148</u>			
District <u>Thatcher</u>		ORIGINAL CERTIFICATE OF DEATH		County Registrar's - - - No. <u>70</u>			
Town or City <u>Thatcher</u>		No. _____		St. _____		Ward _____	
(If death occurred in a hospital or institution, give its NAME instead of street number).							
2. FULL NAME <u>Salina Pace</u>							
(a) Residence. No. _____ St. _____ Ward _____							
(Usual place of abode) (If non-resident, give city or town and State)							
Length of residence in city or town where death occurred yrs. mos. <u>16</u> ds. How long in U. S. if of foreign birth? yrs. mos. ds.							
PERSONAL AND STATISTICAL PARTICULARS				MEDICAL CERTIFICATE OF DEATH			
3. SEX <u>Girl</u>	4. COLOR or RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED or DIVORCED. <u>Single</u> (Write the word)		16. DATE OF DEATH (month, day, and year) <u>7/25 - 1927</u>			
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of <u>Single</u>				17. I HEREBY CERTIFY, That I attended deceased from <u>7/20 - 1927</u> to <u>7/25 - 1927</u> , that I last saw h. <u>✓</u> alive on <u>7/23 - 1927</u> , and that death occurred, on the date stated above, at <u>6 A.</u> m. The CAUSE OF DEATH* was as follows: <u>Acute Indigestion</u>			
6. DATE OF BIRTH (month, day and year) <u>July - 9 - 27</u>							
7. AGE Years _____ Months _____ Days <u>16</u>		IF LESS than 1 day _____ hrs. or _____ min.					
8. OCCUPATION OF DECEASED (a) Trade, profession, or particular kind of work <u>Wid</u> (b) General nature of industry, business or establishment in which employed (or employer) _____ (c) Name of employer _____				(duration) _____ yrs. _____ mos. <u>3</u> ds.			
9. BIRTHPLACE (city or town) <u>Arizona</u> (State or country)				CONTRIBUTORY (Secondary) _____ (duration) _____ yrs. _____ mos. _____ ds.			
10. NAME OF FATHER <u>Frank A. Pace</u>				18. Where was disease contracted <u>Arizona</u> if not at place of death? _____ Did an operation precede death? _____ Date of _____ Was there an autopsy? _____ What test confirmed diagnosis? _____ (Signed) <u>W. E. Plaf</u> 1927 (Address) <u>Thatcher</u> M. D.			
11. BIRTHPLACE OF FATHER <u>Arizona</u> (State or country) (city or town)							
12. MAIDEN NAME OF MOTHER <u>Alice D. Philip</u>							
13. BIRTHPLACE OF MOTHER <u>Ariz</u> (State or country) (city or town)							
14. Informant <u>Frank A. Pace</u> (Address) <u>Thatcher</u>				19. PLACE OF BURIAL, CREMATION OR REMOVAL <u>Thatcher</u>			
15. Filed <u>Aug. 8 - 1927</u> <u>J. H. Shatton</u> Local Registrar.				20. UNDERTAKER <u>Carson Tyler</u>			
V. S. No. 1				DATE OF BURIAL <u>7/26 1927</u> ADDRESS <u>Thatcher</u>			